**School Service Request Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Request Date: |  | | Requested by: |  | |
| District: |  | | Title: |  | |
| Student Name: |  | | | | |
| School Attending: |  | School Contact: |  | Phone Number: |  |
| Date of Birth: |  | Grade: |  | Male/Female: |  |
| **Classification: From IEP or other docs** | | **Autism Diagnosis** |  | **Other Disability:** |  |
| Home Address: |  | | | | |
| Parent/Guardian: |  | | Relationship: |  | |
| Home Number: |  | | Work Number: |  | |
| Other Contact\*: |  | | Relationship: |  | |
| *(\*Other Contact if child is seen by other providers and continuity of care is requested)* | | | | | |



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Requested** | **For Ind** | **For Team** | **Freq and Duration** | **Dly / Wkly / Monthly /Tot** | **Location Home /Sch /Community** | **Start Date** | **End Date** |
| Initial Intake / Needs assessment *min 3 hrs* |  |  |  |  |  |  |  |
| Behavior Intervention ***Non-Autism*** |  |  |  |  |  |  |  |
| Behavior Consultation ***Non-Autism*** |  |  |  |  |  |  |  |
| Mental Health Counseling |  |  |  |  |  |  |  |
| Psychoeducational Assessment / Testing *min 9 hrs* |  |  |  |  |  |  |  |
| Staff Training |  |  |  |  |  |  |  |
| Behavior Intervention ***Autism*** |  |  |  |  |  |  |  |
| Behavior Consultation ***Autism*** |  |  |  |  |  |  |  |
| FBA / BIP *min 12 hrs* |  |  |  |  |  |  |  |
| Parent Training |  |  |  |  |  |  |  |
| Educational Services |  |  |  |  |  |  |  |
| Vocational & Transition Services |  |  |  |  |  |  |  |
| Direct Support/Paraprofessional Svcs + Supervision |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |
| *Example: Behavioral Intervention Autism* | *X* |  | *2x / 60 min* | *weekly* | Home | 9/6/20 | 6/26/21 |

rev 2021-05 Please see our Fee Schedule for complete listing of services available

**\*\*PLEASE ADD PBS ACCESS TO IEP DIRECT FOR THIS STUDENT AS SOON AS POSSIBLE IF MANDATED SERVICES. \_\_\_\_ IEP Verified**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

PPS or Special Education Director Date